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County Borough of Wolverhampton.



ANNUAL REPORT

UPON THE

Health of Wolverhampton

For the Year

1924.

BY

R. H. H. JOLLY, M.D., B.S. (LOND.) D.P.H.,

*Medical Officer of Health,
Medical Superintendent of the Borough
Infectious Hospital.*

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HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor JOSEPH CLARK).
Alderman T. A. HENN (Chairman).

Councillors :

M. CHRISTOPHER.	W. T. PARRY.
A. DAVIES.	J. WALSH.
R. J. EVANS.	F. A. WILLCOCK.

With the addition of Mrs. DALE and Mrs. TOMLINS.

Staff of the Health Department.

Medical Officer of Health :

R. H. H. JOLLY, M.D., B.S., (Lond.) D.P.H

Deputy Medical Officer of Health :

B. C. HALLER, M.A., L.R.C.P., L.R.C.S., D.P.H.

Assistant Medical Officer (M. & C.W.) :

* E. W. STRANGE, M.D., B.S. (Lond.)

Analysts :

* E. V. JONES, F.I.C.

* A. E. JOHNSON, B.Sc., F.I.C., A.R.C.S.I

Veterinary Inspector :

* J. E. CARTWRIGHT, M.R.C.V.S.

Chief Sanitary Inspector :

† JOHN PEERS.

Inspector under the Sale of Food and Drugs Act

GEO. F. ALLWOOD.

Inspector for Factories and Workshops, and Inspector under the Rag Flock Act :

† H. MORTON.

District Sanitary Inspectors :

† E. R. BROCK.

† F. W. DUNSTAN.

† H. BUXTON.

† A. DICKIN.

† H. MATTHEWS.

† J. H. DAVIES.

Disinfecting Officer :

H. BURROWS.

Clerks :

† W. H. TILLEY.

L. C. HODGKISS.

Miss L. C. POVEY.

J. J. MORRIS.

G. JONES.

Miss N. HUGHES.

A. H. HUDSON.

E. PRICE.

Miss D. MEAKIN.

Borough Infectious Hospital :

Matron : Miss M. BORTON.

Inspector of Midwives and Superintendent of Health Visitors :

† Miss CARTER.

Lady Health Visitors :

†† Miss TONKS.

† Miss H. V. GOODWIN.

† Miss S. HULME,
(Resigned March 29th, 1924)

† Mrs. HUTT.

† Miss D. HADLEY.

† Miss B. HIGGS.

† Miss M. JASPER,
(from June 2nd, 1924).

Sales Clerk :

Miss B. KEABLE.

Infant Welfare Clerk :

Miss BENTLEY.

* Part time. † Holder of Certificates of the Royal Sanitary Institute. ‡ Certified Midwives.

SUMMARY,

1924.

AREA OF BOROUGH	3,525 Acres.		
POPULATION (Registrar-General's estimate) ..	108,200		
NUMBER OF INHABITED HOUSES (1921) ..	21,609		
NUMBER OF FAMILIES or separate occupiers (1921)	22,925		
RATEABLE VALUE	£527,350		
Sum represented by a Penny Rate	£1,989		
		1923.	1924.
BIRTH RATE (births per 1,000 living)	21·4	19·4	
DEATH RATE (deaths per 1,000 living)	11·7	11·9	
NATURAL INCREASE OF POPULATION ..	1,025	818	
(Excess of births over deaths in the year)			
INFANT MORTALITY RATE	76	85	
(deaths under 1 year per 1,000 births)			
DEATH RATE from Phthisis	0·73	0·80	
„ „ all forms of Tuberculosis ..	0·92	0·95	
„ „ Diarrhoea and Enteritis of children under 2 years per 1,000 births	13·61	9·52	
„ „ Cancer	1·28	1·16	

HEALTH OFFICES,
TOWN HALL,
WOLVERHAMPTON,

May, 1925.

To the Chairman and Members of the Health Committee.

Gentlemen,

I beg to present my Annual Report on the Health of the County Borough of Wolverhampton during the year 1924. In the instructions issued by the Ministry of Health it is stated that the Report for the year 1924 is to be an "ordinary" Report, but that next year a "special" Report will be required, which must include a general survey of the previous five years' health work. The present Report has been prepared in conformity with the requirements of the Ministry, and adheres closely to the general arrangement instituted three years ago.

The attached Summary reveals that the position last year was not so satisfactory as in 1923. This increased mortality was mainly due to climatic and epidemic conditions, and has manifested itself throughout the entire country. Wolverhampton's Death Rate (11·9 per 1,000 population) is once more below that for England and Wales (12·1), but the Infant Mortality Rate still fails to make such a satisfactory comparison.

The year 1924 was one of progress in several directions, the chief of which were general sanitation and maternity and child welfare. There is no wonderful new and costly scheme to call attention to, but there have been several small innovations made, all of which should in time exert a favourable influence on the health of the inhabitants of this town.

I wish to express my indebtedness to all the members of the Council for permitting me to participate in the Interechange Course for Health Officers held last summer in Switzerland under the auspices of the Health Section of the League of Nations. The unique opportunity of seeing for oneself the sanitary administration and methods of another country proved most instructive and valuable, as did the exchange of ideas that took place between the delegates from different parts of the world. The experience gained thereby has already proved most useful to me on more than one recent occasion.

Population.—The Registrar-General's estimated population as at the middle of the year 1924 was 108,200, an increase of 1,500 over the previous year. The excess of births over deaths during the year only amounted to 818, and the difference represents the excess of immigrants over emigrants.

A local estimate of the year's increase, based on the number of new houses erected in the Borough, and the extent to which overcrowding has been relieved thereby, is in harmony with the above figure. There were 355 houses completed and occupied in the twelve months ending June 30th, 1924, but there was no appreciable diminution in the amount of overcrowding, which was if anything rather worse. Allowing 4·5 persons per house this number of houses would increase the population by 1,597 persons.

Meteorology (see Table I). The total rainfall during the year was greatly in excess of the average. At the Meteorological Observatory in the West Park a total rainfall of 33·6 in. was recorded, the greatest amount in any one month being 4·76 in. in May. February was the driest month in the year (rainfall 0·48 in.), and also the coldest. March was likewise a cold month, although it included several relatively warm days. Very little summer weather was experienced, but there were two fairly warm spells of short duration early in June and early in July. The late Autumn was mild, and there was no real wintry weather before Christmas. A south westerly wind was prevalent on 160 days out of the 366.

Voluntary Hospitals.—The following Institutions situated within the Borough serve the needs of the inhabitants of Wolverhampton and of the districts in the immediate vicinity:—

The Wolverhampton and Staffordshire Hospital (210 Beds)

The Wolverhampton and Midland Counties Eye Infirmary (50 Beds).

The Wolverhampton and District Hospital for Women (30 Beds).

The Queen Victoria Nursing Institution (22 Beds).

The Maternity Hospital and District Nursing Institution (9 Beds).

VITAL STATISTICS.

(See Tables II, III and IV).

Births.—During the year there were 1,111 male, and 1,049 female births registered, giving a gross Birth Rate of 20·9 per 1,000 population.

After making the necessary transfers to and from other areas the net total becomes 1,084 males and 1,017 females, and the net Birth Rate is 19·4 per 1,000 population.

There were 67 illegitimate births included in the above, as compared with 74 in 1923, and 94 in 1922. The proportion of illegitimate births remains the same as last year (3·2%).

The Birth Rate is the lowest ever recorded for Wolverhampton, and was only once equalled—in the War year of 1917. In part it reflects the distress and unemployment during the year, and in part it is caused by the later age of marriage and by the voluntary restriction of the size of families. The two last mentioned factors have been steadily increasing in effect during the past 20 years.

Deaths.—The deaths of Wolverhampton residents numbered 1,283 during the year, being an increase of 33 over the previous year. There were 4 uncertified deaths.

The net Death Rate of 11·9 per 1,000 population is only slightly above that of 1923, and compares favourably with the Death Rate of England and Wales (12·2), or with that of the aggregate of the County Boroughs and large towns (12·2).

Table IV shews that, as usual, Heart Diseases, Respiratory Diseases, Cancer and Consumption, accounted for the greatest proportion of all the deaths.

Influenza claimed a relatively heavy toll, and Bronchitis and Pneumonia accounted for 53 more deaths than in the previous year. Against this must be set the fact that there was a big drop in the fatal results of Measles.

The first quarter of the year proved a very trying time to the whole of the community, and particularly the very young and the very aged. Instead of March marking the commencement of Spring it was a month when severe wintry weather was experienced. Simultaneously

with this cold spell the epidemic of Influenza, which had commenced in a mild form in January, became much more serious. During this quarter there were 43 deaths from Influenza, and 143 more from other diseases of the respiratory system. Out of a total of 1,283 deaths during the whole year 428 occurred during the first quarter and more than one half of this latter number were due to chest troubles (including Influenza itself and its complications). These conditions caused the Death Rate for the first quarter to rise to 16·4 and the Infant Mortality Rate to 115, and it looked as if the Vital Statistics for the whole year would be very bad. Fortunately the health of the town during the remainder of the year was abnormally good, and the final figures are much better than might have been expected.

Month.	Death Rate.	Infant Mortality Rate.	Month.	Death Rate.	Infant Mortality Rate.
January ...	10·4	59	July ..	9·5	38
February ...	14·4	162	August ..	7·9	52
March ...	22·2	123	September ..	9·2	70
April ...	16·3	138	October ..	9·1	87
May ...	8·7	36	November ...	8·5	59
June ...	9·2	61	December ...	12·5	126

If the Mortality figures for the first three months in the year could be brought down to those usually obtaining during the last three months we should be well on the way to recording a Death Rate of 8 or 9 per 1,000 population. It is the Respiratory Mortality in the early months of the year which maintains our Death Rates at their present level. Our bodies seem to acquire some vitalising agent during the Summer which gradually becomes exhausted during the dark months of Winter, so that our resistance to disease is at its lowest ebb between Christmas and the onset of Spring. Perhaps in the near future it may be possible to supply this tonic agent at will by means of the new artificial sunlight treatment or some elaboration of it. The invisible rays of the sun which have those health giving and curative effects on our bodies are cut off by ordinary glass, and we are therefore depriving ourselves of them whenever we close our windows.

Cancer.—This year one is able to record a slight fall in the Death Rate from Cancer which has dropped from 1·28 per 1,000 to 1·16.

The cause of Cancer has not yet been discovered, nor has the method of prevention. As yet one can only state that early operation holds out the best hope of cure.

It is true that a great deal of propaganda work on these lines was carried out last summer, but it is too early for the results of these activities to be reflected in the Vital Statistics, and one is forced to believe that the drop in the Cancer Death Rate noted during the year is merely an oscillation in a curve whose natural tendency is still an upward one.

There were 14 cases of suicide during 1924, an increase of 5 on the figures of 1923. This may perhaps be taken as an index of trade depression and "hard times," but it is significant that there were 3 cases of suicide by gas poisoning within the space of 5 weeks—clearly an instance of the craving which the mind deranged has for imitation.

Table III gives the Vital Statistics during 1924 in the various wards in the Borough. The lowest Death Rates are found in Graiseley and Blakenhall Wards, which retain the satisfactory position they occupied last year. This is the third year in succession that Blakenhall has returned one of the lowest general Mortality Rates, but too much significance must not be attached to this for there are other factors to be considered before these figures can be appraised at their true worth. The Birth Rate, the age and sex distribution, the occupation of the inhabitants, all exert an influence on the Death Rate of a district; nor is it possible to obtain a factor of correction which will render accurate calculations possible. At the other end of the scale there are St. Mary's, St. Peter's, and St. Matthew's Wards, with Death Rates between 13.9 and 14.8. The possible error here is rather one of underestimation. The annual increase in the population of the town has been distributed among the various wards, partly on the growth of the population in them as discovered at the last Census, and partly on the recent housing developments. It is probable that in these built up areas there has been an actual diminution due to migration to other parts of the town, and this would increase the Death Rates shown above.

When the Infant Mortality Rates are considered one is on a much surer ground. They themselves are calculated on the number of births taking place in each ward during the year, and are consequently considered to be a more reliable index of the health conditions of a district. It is therefore all the more interesting to note that the highest and lowest positions in the list are exactly the same as last year.

Park Ward again has the lowest Infant Mortality Rate, and St. Mary's and St. Matthew's Wards the two highest. These two last-named Wards also shew the highest Mortality Rates for diseases of the respiratory system.

Another instructive comparison is that of the deaths from Diarrhoea and Enteritis in children under two years of age. Out of the 20 fatal cases of this disease, only 3 occurred in the west half of the town.

It is almost certain that this disparity will continue until courts and slum areas are all swept away, and until the toddler can have some other playground than the street which now fronts his doorstep.

TUBERCULOSIS.

(Tables V to VIII).

The number of fresh cases of Tuberculosis notified dropped from 194 in 1923 to 176 last year. Unfortunately there has been very little improvement in the home circumstances of the new cases visited. In the houses in which 25% of the patients reside there were at least two families living, and 93 of the 154 new cases of Respiratory Tuberculosis shared a bed as well as a bedroom with other persons. As long as this condition of affairs has to prevail by reason of the shortage of accommodation it will be impossible to impose any proper check on the spread of this disease. In these circumstances it is not surprising to find that in over 20% of all cases investigated there was a history that other members of the family had previously suffered from the disease and had probably been the agents of its spread.

When one comes to deal with the deaths from Tuberculosis a similar condition of affairs is revealed. The Death Rate from all forms of Tuberculosis increased from 0.92 per 1,000 population in 1923 to 0.95 last year, and that from Tuberculosis of the respiratory system increased from 0.73 to 0.80. There were actually 5 more deaths from Respiratory Tuberculosis in 1924 than in the preceding year. Attention should be drawn to the fact that 64 males died of Respiratory Tuberculosis and only 23 females. These increases are in striking contrast to the number of new cases notified, which were 86 males and 68 females. The incidence of the disease in the two sexes is not greatly different, but the fatality in men is nearly three times as high as in women. The proportion of male insured persons being greater than female it cannot be suggested that the higher death rate in men is due to lack of treatment or failure to apply to a doctor until the disease is far advanced, nor can the blame be put upon the home environment which will be the same for both classes. It must either be assumed that the female sex, although susceptible to Tuberculosis, have a higher resisting power than males towards it, and therefore do not succumb in such numbers, or else it must be inferred that occupation is the deciding factor, and that there are in this town a large number of men working in trades which are associated with a high Tuberculosis mortality. A scrutiny of the occupation of males dying from consumption shews that 25 of the 64 were employed in Engineering, Tinplate, or Lock works, industries associated with varying degrees of irritation to the lungs from the inhalation of small particles of metal.

Table VI illustrates the efficiency or otherwise of notification in this town.

There were 13 deaths from Respiratory Tuberculosis which had not been previously notified and only in 36 instances did more than one year elapse between the date of notification and the date of death.

Although the attention of every medical practitioner has recently been called to the importance of early notification of cases of Tuberculosis it does not appear that this has produced any improvement. It may be that the diagnosis is in doubt when the patient first comes under observation, or it may be that the doctor considers that the patient's recovery will be prejudiced if he learns that he is suffering from Consumption. It is, however, better to notify a suspected case and have him treated as a consumptive until he recovers than to allow a doubtful case to progress without warning him of the possible dangers to which he may be exposing his family and those around him.

Although the Health Department makes certain enquiries with regard to the environmental condition of every notified case these are always carried out with tact and discretion. Moreover, the notifications themselves are strictly confidential and are never divulged to unauthorised persons, although improper overtures are sometimes made for this information.

Two of the most important preventive measures dealing with Tuberculosis are the clearance of slum areas and the erection of fresh houses in sufficient numbers to abate the existing overcrowding. It can be confidently asserted that Wolverhampton is now tackling both these problems on a large scale.

The value of sanatorium treatment is largely nullified if the patient on his discharge has to return to the overcrowded, unsatisfactory home where he developed the disease. It is often represented that one of the benefits of residence in a sanatorium is the education which the patient gets in leading a life which will assist in arresting the disease and will minimise the risk that he may infect other persons. Unfortunately, public opinion frequently proves a tremendous barrier to the proper carrying out of these rules of hygiene. The consumptive who uses a sputum flask whilst at his work will frequently be requested to leave, and the lodger who tries to disinfect or boil his handkerchiefs will probably be asked to move elsewhere.

Milk.—Seventeen samples of Milk were taken during the year for examination for the presence of living Tubercle Bacilli. These samples resulted in the discovery of the germ of Tuberculosis in milk coming from one farm outside the Borough. On visiting the farm the Veterinary Surgeon was able to determine the cow affected with the disease, and the farmer at once took steps to have it destroyed. In one other case the first bacteriological report was inconclusive, but a subsequent examination proved negative.

A large proportion of the samples taken during the twelve months were from cows in farms within the Borough. The findings on these were all, without exception, negative.

For many years past all the milch cows in the Borough have been inspected by the Corporation's Veterinary Surgeon at frequent intervals, and the above bacteriological findings would certainly suggest that this rigorous supervision is responsible for the freedom from Tubercle Bacilli exhibited by the samples taken from the dairies within the Borough.

INFECTIOUS AND OTHER DISEASES.

(See Tables IX to XVIII.)

Small Pox.—Staffordshire is close to counties in which Small Pox has been very prevalent during the past year and in which it is not yet stamped out. This disquieting fact calls for unceasing vigilance on the part of the Health Department as the possibility of the transmission of the infection to this neighbourhood is by no means unlikely. The same people who oppose the great safeguard of vaccination against Small Pox are now seeking to antagonise parents against the newly discovered inoculation against Diphtheria which is giving such wonderful results in the places where it has been adopted.

Infectious disease is a problem of seed and soil. Where it is not possible to kill the seed one can so treat the soil (in this case the human body) that the seed will not flourish therein. If the perverted attitude of people makes even this second line of attack impracticable the sanitarian has indeed got his hands tied.

Measles.—The early part of the year was once more responsible for a wide spread epidemic, but only 7 deaths occurred as compared with 26 deaths in 1923.

All cases of absence from school owing to Measles, or suspected Measles, are reported to this department by the Education Medical Officer. Each case is then visited by an Inspector who makes certain investigations and ascertains the names of contacts in the family. The necessary exclusions from school are made by the Medical Officer of Health.

An arrangement has been entered into with the District Nursing Association whereby daily visits are paid to patients who need additional nursing assistance in their homes. Owing to the mildness of the recent epidemic respiratory complications have been infrequent and nursing help has been but seldom required.

Whooping Cough.—There was a very slight increase in the mortality from this distressing childish complaint as compared with that of the preceding year, the actual figures for this year being 0·10 per 1,000 as against 0·08 per 1,000 for 1923.

Diphtheria.—Compared with other towns Wolverhampton continues to remain relatively free from this disease. There were 58 cases notified (of which 1 proved not to be Diphtheria) and 5 deaths resulted. It should be pointed out that all the 5 deaths occurred in children under six years of age, and every one of the fatal cases came under treatment on either the fourth or fifth day of disease or later still. The importance of early treatment, especially in this disease, should be emphasised, as parents are at times to blame for not recognising the seriousness of the illness at the beginning, and in not calling in the doctor sufficiently early.

The Schick Test for susceptibility to Diphtheria, which has proved an extremely valuable reaction as well as a means of protecting susceptibles, was introduced into the Borough during the latter part of the year. Children between the ages of six months and five years of age are found to be nearly all susceptible to this dangerous disease. The value of the test, and of immunization against Diphtheria, must be better known and appreciated if full advantage is to be taken of this effective means of combating the disease.

The arrangement for free supplies of Diphtheria Antitoxin to Medical Practitioners remains in force.

Enteric Fever.—The position remains the same as last year. Three cases were notified. There were no deaths.

Scarlet Fever.—The conditions are slightly better even than in the previous year. The total cases notified this year were 163, of which 157, or 96 %, were removed to hospital. Five of these cases subsequently proved not to be Scarlet Fever. The corresponding figures for 1923 were:—total cases notified, 194, of which 179, or 92 % were treated in hospital. Seven of these subsequently proved not to be Scarlet Fever.

Further details of the hospital cases are given under the work of that Institution.

In accordance with the suggestion of the Ministry of Health an attempt has been made to ascertain if there is any relationship between overcrowding and the occurrence of a second case of Scarlet Fever in a household. The results are expressed in Table XIV and appear to suggest that there is an increased risk of other inmates of a household developing Scarlet Fever in cases where the home conditions are such that members of the family are crowded together,

Acute Primary Pneumonia and Acute Influenzal Pneumonia.—The efficiency or otherwise of the notification of these two conditions is best summed up by saying that there were more deaths recorded than there were cases notified.

Every notified case of Pneumonia is visited by a lady Health Visitor, and the District Nursing Association are always willing to give all possible help when nursing assistance is advised.

Encephalitis Lethargica.—There was an epidemic of this infection during the summer months, the maximum incidence being in May. In the whole year 25 cases occurred, and 17 of them were admitted to hospital. The total deaths numbered 8.

On investigation no common source of infection could be found, nor was there any apparent connection between any of the cases. The type of the disease in the majority of cases was of a milder character than that prevailing in this country in 1920. The cases who have recovered are still being kept under observation and so far only three of them have shewn any marked ill effects.

Erysipelas accounted for 23 notifications, of which nine were treated in hospital. Two deaths were noted, one in the hospital and the other at home.

Poliomyelitis.—One case was notified. The patient was admitted to hospital and recovered.

Cerebro Spinal Fever.—It has to be recorded that two cases were heard of during the year. One was treated in hospital and recovered, while the other remained at home and died.

TREATMENT OF INFECTIOUS DISEASES.

The Joint Small Pox Hospital Board provide a Hospital at Moxley, near Bilston, for the treatment of cases of Small Pox. There has been no occasion to open this Institution since it was handed back by the Tuberculosis Committee two years ago.

During the year an important alteration was made in the arrangements for the treatment of Wolverhampton patients suffering from Diphtheria. The Wolverhampton General Hospital, as before, received cases of Puerperal Fever, Enteric Fever, Encephalitis Lethargica, etc.,

in their Isolation Ward at the cost of the Corporation; while the Municipal Isolation Hospital was equipped and staffed to receive Diphtheria as well as Scarlet Fever patients as from 1st January, 1924. The Balcony for No. 1 Pavilion has now been built, and is proving as invaluable in the treatment of Diphtheria bed-patients as that of No. 2 Pavilion had already proved for the Scarlet Fever cases.

There were 14 cases in the Borough Hospital on January 1st, 1924. The admission rate remained low until the late autumn but then rose rapidly and 64 cases remained in the Institution at the end of the year.

The total cases admitted were 243, comprising 182 Scarlet Fever, 59 Diphtheria and one other disease. There were 36 of these belonging to other Authorities, 26 being cases of Scarlet Fever and 10 of Diphtheria. The number of patients who developed the disease in a severe form was high (78% for Scarlet Fever and 50% for Diphtheria). There were 10 deaths in hospital during the year, 4 from Scarlet Fever of which 1 belonged to Wolverhampton and 3 to outside districts, 6 from Diphtheria of which 5 belonged to this Borough and 1 to another Authority. The average number of beds occupied was 28·7. (See Table XIII).

Return Cases.—No return cases are to be recorded for the year, as compared with 6 in 1923 and 22 in 1922.

The extra precautions taken in order to diminish the number of return cases have been abundantly justified. Careful verbal instructions are given to the parents on the patients discharge, and printed leaflets are also distributed.

Ambulance Facilities.—There is one Motor Ambulance belonging to the Corporation for removing cases of infectious disease.

The General Hospital possess one Motor Ambulance, and the Watch Committee have also provided one Motor Ambulance for accidents and general use.

Bacteriological Examinations.—These are conducted at the Pathological Laboratories of the General Hospital.

Table XIX gives particulars of the specimens submitted during the year on account of suspected Diphtheria and Tuberculosis, but does not include examinations in connection with Venereal Disease, which will be found in Table XXXVIII.

MATERNITY AND CHILD WELFARE.

Infant Mortality.—There were 2,034 legitimate births and 67 illegitimate births in the whole Borough during the year. The percentage of illegitimate births is practically the same as last year (3·3%).

The net deaths of infants under the age of one year amounted to 178, of whom 8 were born out of wedlock.

In common with the whole country the Infant Mortality Rate shewed a slight rise last year, due principally to the Influenza epidemic and the adverse climatic conditions during the first quarter.

The mortality of illegitimate infants is always considerably higher than that of those born in wedlock, but it is satisfactory to be able to report a considerable decrease in this rate for 1924.

The following figures give a comparison of the various rates for 1923 and 1924 :—

	1923.	1924.
(a) Total Infant Mortality Rate (Deaths under 1 year per 1,000 Births) ...	76	85
(b) Mortality Rate of Legitimate Infants	74	84
(c) Mortality Rate of Illegitimate „	135	119

Respiratory diseases were the chief defined cause of death among infants last year, but prematurity and congenital debility also accounted for a large number. Deaths from Diarrhoea and Enteritis were less than usual and there was a drop in the mortality from the various infectious and contagious diseases.

It has for some time been recognised that the efforts at reduction of the mortality of the infant population have been only partially successful, in that they have brought about a reduction in the deaths of babies over the age of one month, but have had singularly little effect on the very young infant in its first four weeks. This Neo-Natal Mortality is a problem which can best be solved by increasing the efforts at Ante-Natal Care for Expectant Mothers, and by providing better attention during child birth.

It is encouraging to find that this year the Neo-Natal Mortality for Wolverhampton has fallen to 31·9 per 1,000 births. Last year the figure was 36·5.

Work of the Health Visitors.—A scheme for increasing the efficiency of the Maternity and Child Welfare work was approved last autumn. This scheme involved the appointment of one additional Health Visitor who commenced her duties on December 1st, 1924. There are now 7 Health Visitors attached to the department in addition to the Lady Superintendent.

For visiting purposes the town is still divided into six districts, and the extra Health Visitor relieves the others at certain of the Clinics, carries out minor treatment and dressings, and also visits any special cases which require particular attention.

Inspection of Table XXIV shews that a total of 18,144 visits were paid during the year, being an increase of 3,543 over those made in 1923.

The effects of the reorganization referred to in my last report continue to manifest themselves in the increased time that the Health Visitors are now able to spend in home visiting.

Owing to the fall in the Birth Rate there has of necessity been a drop in the number of first visits paid to babies, but this has been more than compensated by the increased attention that is now being paid to children between the ages of one and five years. During 1924 there were 8,122 visits paid to toddlers in their homes, an increase of 2,556 visits over those of the previous year.

It is still difficult to persuade mothers to bring their children to the Clinics with any degree of regularity after they have turned one year, and these home visits are therefore all the more necessary for following up purposes. It is hoped to still further increase the attention paid to children of these ages now that there has been an addition to the staff.

Another noticeable feature of the table is the increased number of special visits that have been paid (552 more than last year). The number of ailing babies on our books during the early part of the year will partly account for this increase, but it is remarkable to learn how often messages are left at the Central Clinic asking that the Health Visitor may call and advise the mother because baby's condition

does not appear to be satisfactory. It certainly serves to emphasize the good relations that all the Health Visitors have succeeded in establishing with the families in their districts.

“The ineffective visits” given in Table XXIV referred to calls at homes when it was found that the mother and baby had gone out. These are only recorded in order to account for the allocation of the Health Visitors’ time.

Infant Welfare Centres.—In consequence of the very large attendances at each of the sessions of two of our three Welfare Centres a scheme was put forward for holding one additional session at these Clinics, thus increasing the total number of sessions each week from four to six for the whole Borough. This scheme was sanctioned by the Ministry of Health and became operative on December 1st, 1924. From this date onwards there have been three sessions a week at Merridale St. and Horseley Fields, and two at Lower Stafford Street Clinic. It has been decided that these extra Clinics shall be for new cases only, thus ensuring that a new baby shall receive adequate attention at its first visit and also that its period of waiting for its turn to see the Medical Officer will be reduced to a minimum. The new arrangement appears to be working very satisfactorily and the congestion at the various Clinics has been correspondingly reduced.

As compared with the previous year there was a slight falling off in the attendances at the Clinics during 1924. Three contributory causes may be given for this. The amount of illness and the inclement weather during the early months of the year, both of which hinder mothers from taking their children to the Clinics; the drop in the Birth Rate, and the absence of any baby competitions. It is astonishing how the attendances at the Centres increase just prior to Baby Week competitions. Unfortunately this increase is only transient and consists mainly of fat and healthy babies whose mothers are induced to bring them in the hopes of being able to obtain a prize, and terminate their attendances in disgust when they find that the judges have chosen some other child.

As has already been pointed out, the number of visits paid by the Health Visitors still further increased in 1924, and on the balance it is found that the work has made further progress. During the year 1,129 new cases attended the Clinics for the first time and a total of 18,803 attendances were made. The average attendance was 59 per session, Horseley Fields being the busiest Centre with 67 per session,

It is still difficult to make mothers realise the importance of continuing to bring their children to the Clinic after they have passed their first birthday. Supervision and advice is just as important for the toddler as it is for the infant in arms, but the need for this is realised least in the districts where it is most required. Our records shew that young babies in the poorer districts thrive equally well with those in the more prosperous neighbourhoods. In the case of the child over 18 months however, the findings are very different. Toddlers in the slum parts of the town cannot compete with those in the better class surroundings, and yet one finds that the proportion of toddlers attendances is lowest in the former areas.

The educational campaign on rational diet for young babies is steadily gaining ground, and one seldom hears of them being fed on boiled barley or biscuits. It is on the question of correct foods for children between 1 and 5 years of age that we still need to teach mothers.

The Voluntary Ladies Committee have continued their good work during the past year. Not only have the individual members undertaken numerous duties at the various Centres and shewn a personal interest in the babies and their parents, but they have also participated in the entertainments that have been given from time to time to the mothers attending the Clinics.

A School for Mothers has been held one afternoon a week at No. 4, Salop Street, and there has been a very satisfactory attendance at it.

In last year's Annual Report comment was made on the need for premises more suitable for an Infant Welfare Centre than those which are at present in use. This matter has recently been the subject of very careful enquiry and it is hoped to submit proposals at an early date for amending the defect in the present scheme.

Ante-Natal Clinic.—Simultaneously with the provision of additional sessions at the Infant Welfare Centres it was decided to relieve the pressure on the Ante-Natal Clinic by holding two weekly sessions there instead of one. This has had the effect of reducing the attendances to numbers which are more reasonable, so that increased attention can be given to every woman who comes up for advice. There were 151 new cases seen during the year and a total of 736 attendances made, giving an average of 13·4 attendances per session.

An increase has been made in the number of Expectant Mothers recommended from this Clinic for admission to the Maternity Home at No. 1, Bath Road. Formerly only necessitous cases were sent and the Corporation defrayed the entire cost of their maintenance. Since June, 1924, we have been sending other patients whose home circumstances were unsuitable for confinement or whose condition was abnormal, providing that they agreed to pay a proportion of the cost of institutional treatment. During the year 16 women were sent to the Maternity Home from the Ante-Natal Clinic, of whom 7 were free cases. The Corporation also maintained 2 cases at the Mrs. Legge Memorial Home, an Institution for unmarried mothers of previously respectable character who agree to remain in residence until their baby is six months old.

Dental Clinic.—This extension of the work of the Maternity and Child Welfare Committee first came into operation in Nov., 1924.

Arrangements were made with the Committee of the Women's Hospital for a Joint Dental Clinic to be held in their Out-patients' department twice a week, at which both cases referred from that Institution and cases sent up from the Corporation Maternity and Child Welfare Centres could be treated. The Hospital Authorities defrayed half the equipment expenses and are sharing the maintenance charges of the Clinic with the Local Authority.

The two Dental Surgeons are members of the Honorary Staff of the Women's Hospital.

Patients referred from the Welfare Centres obtain ordinary dental treatment free of charge. The cost of the provision of artificial teeth (which are supplied at a special rate) has to be wholly defrayed by the patient unless the Maternity and Child Welfare Medical Officer can certify that the woman's health is being affected by the lack of such dentures and it is shewn that she cannot afford to pay for them. Every such case recommended for artificial teeth is carefully investigated and the Committee remit part of the fee when it is found that the patient cannot afford to pay the entire amount. In no case are dentures supplied free, although it is frequently necessary to arrange for the patient's share to be paid by weekly instalments. As this Clinic was only started a few weeks before Christmas it is premature to attempt to assess its utility. There were 17 municipal cases referred for treatment, 42 attendances registered, and 123 teeth extracted. Seven cases were recommended for artificial teeth.

Supply of Milk to Expectant and Nursing Mothers and Young Children.—The policy adopted in 1923 has continued in force. All free milk granted is in the form of dried milk. Exceptions are made only when the Medical Officer of the Centre specially orders liquid milk.

The new Regulations for the labelling of milk powders have given prominence to one point, namely, that one pound of dried milk will not make as much as seven pints of good quality liquid milk when reconstituted.

In order to facilitate the issue of a week's supply of milk to Expectant and Nursing Mothers, and Children between 6 and 18 months of age, certain wholesale firms now supply the Infant Welfare Department with cartons containing 1½-lbs. of dried milk as well as the smaller packages containing 1-lb.

The total expenditure on free milk during the year was £760 and the average daily issue amounted to the equivalent of 189 pints. Although no alterations were made in the conditions qualifying for free milk it is interesting to note that the number of pounds of dried milk awarded free declined slowly but steadily throughout the year, and in December, 1924 the amount given away was only 64% of that similarly disposed of in January, 1924. This decrease has coincided fairly closely with the fall of unemployment figures for Wolverhampton.

In addition to the free distribution of dried milk a considerable quantity of this food is sold at cost price for mothers and children whose circumstances do not justify a free supply but who cannot afford to purchase from a retailer in the ordinary way.

Maternal Mortality.—Six cases of Puerperal Fever were notified during the year, two of which were removed to Hospital for treatment. There were no deaths from this cause, but four deaths were certified to be due to other diseases or accidents connected with the Puerperal state. This gives a Maternal Mortality of 2·0 per 1,000 births as compared with 6·1 last year.

At present there is only one small Maternity Home in the Borough with accommodation for nine beds. This provision is totally inadequate for the needs of the town which should have a much larger Maternity Hospital with beds for Ante-Natal cases as well as for confinements, and with a Resident Medical Officer. There is no doubt that an

institution of this kind would be well patronised by women in the areas surrounding Wolverhampton as well as by those living in the town itself. A still greater demand will be created if the Nursing Homes (Registration) Bill becomes law, and Midwives are prohibited from taking confinement cases into their own homes except under certain more stringent conditions. I am quite convinced that registration and stricter supervision of private nursing homes is a necessity to the public.

Home Helps.—This scheme was continued during 1924. The Infant Welfare Department has a list of reliable women who will undertake these duties for ten days during the mother's confinement. The fee payable for a Home Help is according to the means of the family, but the minimum charge is 7/6.

A Home Help was provided in 53 instances during the year, and the sum of £20 17s. 6d. was recovered from the parents.

Ophthalmia Neonatorum.—(See Table XXVII). There were 46 babies notified during the year as suffering from this disease; 5 of these arose in births attended by doctors and the remainder were notified by the midwife and subsequently confirmed by the medical man called in. It will be noticed that 75% of all these cases were treated as out-patients at the Eye Infirmary.

The Health Visitors pay special visits to every reported case of discharging eyes in a baby, and in many instances themselves carry out the treatment ordered by the Hospital Surgeon. The fact that all 46 babies recovered with sight apparently perfect speaks well for the way in which such cases are followed up.

Midwives.—The number of those who notified their intention to practice shewed an increase of 4 over 1923. Sixteen of the 48 were untrained women and the remainder trained. There were 16 midwives practising in institutions.

Over 77% of all births were notified by midwives, the remainder being reported by doctors, parents or nurses. The number of still-births notified has declined from 121 in 1923 to 88 in 1924, the latter figure representing a percentage of 4.2 to the live births.

Tables XXII and XXIII give details of the work of the Superintendent of Midwives and the conditions for which a medical man was called in by a midwife. It will be seen that 32% of all midwives' cases required the services of a medical man. It is always being impressed upon midwives that they are neither expected nor permitted to take upon themselves the responsibility of treating abnormal conditions. Their rules state very definitely that the assistance of a medical man is to be sought if everything is not perfectly straight forward. When one finds that the percentage of midwives' cases requiring a doctor has increased from 24% to 32% one assumes that this admonition is bearing fruit.

During the year it was necessary to report four midwives to the Local Supervising Authority for breaches of the rules. Two of these midwives were censured.

* A *prima facie* case was found against one midwife who had previously been censured, and particulars were forwarded to the Central Midwives' Board.

The Superintendent of Midwives continues to work assiduously for the post-graduate education of Midwives and it is entirely owing to her initiative that the post graduate courses of lectures have been continued during the past winter, and that a satisfactory attendance at them has been recorded. The majority of the lectures are delivered by medical practitioners resident in the town who give their services in an honorary capacity.

The continued distress has rendered it necessary for the Local Authority to continue the practice of paying the midwife's fee where the circumstances are proved to be necessitous. The actual payments under this heading amounted to £120 5s. 0d. during the year.

* At a Penal Session of the Central Midwives' Board held in London, in February, 1925, this Midwife was placed on probation for a period of six months.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water Supply.—The first permanent bore hole at Dimmingsdale is now complete and appears satisfactory. It is understood that test bore holes will have to be sunk in the vicinity of this and trial pumping instituted to determine the direction of the underground flow of water before it will be possible to proceed further with the scheme.

Last year attention was drawn to the number of houses in the Borough in which there was neither a tap nor an inside sink. Parliamentary sanction is now being sought for powers to require a sink and washing accommodation in houses which lack this provision. It is impossible to expect a satisfactory standard of personal and domestic cleanliness from persons who have to carry every drop of water into their houses and have to throw all slops down a water closet or gulley some distance away. This defect is exaggerated when a family have to share a washhouse with several others, as is not infrequently the case in houses of this class.

The water supply of various houses in the town was improved during the year by the provision of 61 additional draw-off taps.

Scavenging and Cleansing.—This is in charge of the Cleansing Superintendent, who arranges for a weekly collection of house refuse. All useless material is burnt in the Destructor after everything capable of salvage has been removed.

During the year 251 Ashpits were replaced by Bins, and 1,269 worn-out Bins were renewed at the request of the Health Department.

Disinfection and Disinfestation.—A low pressure steam disinfector at the Borough Hospital is in process of improvement by the substitution of a higher powered boiler which will also provide steam for the laundry.

There is no central disinfecting station in the town.

Closet Accommodation.—The few remaining pail closets which could be dealt with were converted to water closets during the year, and there are now only 148 of these structures in the Borough. The pail closet conversion scheme being thus completed the Health Department are going into the question of the waste water closets.

Prior to seeking sanction for a comprehensive scheme for the conversion of these obsolete and insanitary structures it has been decided to encourage owners to come forward and voluntarily convert waste water closets by offering a subsidy towards the cost of the work. Besides affording valuable data for future action this little scheme has shewn that property owners are anxious to get rid of waste water closets which so frequently become choked and require expensive repairs. The sum of £325 was provided in the estimates for the financial year 1924-1925 as the Corporation's contribution towards the cost of these conversions, and the whole of this amount had been expended before the year was out. The approximate number of waste water closets in the Borough was 6,850, and 49 of these had been approved for conversion by the end of December.

Ash and Refuse Receptacles.—During the year a further 251 ashpits have been abolished and ashbins substituted for them.

The various types of ash receptacles in the Borough are now as follows:—

Bins	...	...	...	18,354.
Shovel-ups	...	...	...	2,105.
Large Open Ashpits	...	...	...	25.
Cesspools	...	...	...	6.
Midden Pits, etc.	...	...	...	8.
Miscellaneous	...	...	...	266.

The Corporation are now seeking Parliamentary sanction to a scheme for taking over and maintaining the whole of the ashbins in the town. The cost of keeping them in good order and repair will be met by a small annual charge levied on the property owners at present responsible for their maintenance.

SANITARY INSPECTION OF THE DISTRICT.

A reference to Tables XXIX to XXXIII will shew that the routine inspection work has been well maintained during the year, the number of inspections made being approximately the same as in 1923. Sanitary defects were reported in 9228 instances as compared with 9323 in the previous year. There has been a considerable drop in the improvements made as a result of notices served. This is however accounted for by the completion of the pail closet conversion scheme, as a result of which the amount of new drainage work considerably diminished and likewise the construction of new water closets. One regrettable feature of these tables is the small number of instances in which it has been possible to abate overcrowding. Further reference to this will be made in the section on Housing.

Summaries of the work of the Inspector under the Canal Boats' Act and the Inspector for Factories and Workshops are given in Table XXX. The general standard of inspection has been well maintained during the year and the table of improvements effected shews that this work has not been carried out in vain. Prosecutions became necessary in 49 instances, 44 of which were for failure to comply with Statutory Notices, and 5 for infringement of By-Laws.

Rag Flock Act.—Nine samples of Rag Flock were taken during the year. Analysis shewed that there was a slightly lower percentage of soluble chlorine present than the average for the previous year. In no case was the amount permissible under the Act exceeded.

Smoke Abatement.—An increased number of half-hour observations of works' chimneys were made and pamphlets on efficient methods of stoking were handed to the stokers whenever the amount of black smoke emitted exceeded a reasonable limit.

A warning letter was sent to the owner in four instances and in one case it was necessary to serve a Statutory Notice before the nuisance was remedied.

Black smoke is due to faulty combustion and may be caused by bad stoking, excessive load on the boilers, imperfect construction or poor fuel. In every case black smoke means waste of coal and unnecessary loss to the manufacturers.

HOUSING.

In spite of the efforts that the Corporation are making to overcome the shortage of houses it is regrettable to have to report that there does not as yet appear to be any amelioration of the condition of overcrowding to which I have already drawn attention in previous reports. Almost every day letters are received asking for my assistance to obtain a Corporation house on the grounds of the unhealthy conditions obtaining in the house occupied. Each of these communications is carefully investigated, but it is only possible to make a special recommendation in the very worst cases, knowing the extreme difficulties under which the Housing Committee are already working. The reports of conditions of overcrowding continue to be as bad as ever, and many of the cases are simply appalling, both from the physical and the moral standpoint. A few typical examples are given below:—

Case I.—Two-roomed house. Bedroom, 1,256 cubic feet, occupied by man and wife and two girls, 8 and 3 years, and six boys, 16, 14, 10, 5, 2, and 1½ years.

Case II.—Four-roomed house. Front Bedroom, 964 cubic feet, occupied by man and wife (tenant) and two boys 19 and 15 years, and two girls 8 and 5 years.

Back bedroom, 574 cubic feet, occupied by tenant's five daughters, ages 24, 23, 18, 14 and 11 years.

Case III.—Two-roomed house. Bedroom, 1,417 cubic feet, occupied by man and wife and four boys, ages 18, 12, 8 and 3 years, and five girls, ages 16, 14, 10 and 5 years, and baby 10 months.

Case IV.—Two-roomed house. Bedroom, 810 cubic feet, occupied by man and wife and three boys, ages 6 and 3 years and baby 7 months, and three girls, ages 21 and 11 years and baby 9 months.

Case V.—Five-roomed house. Front bedroom, 1,081 cubic feet, occupied by man and wife and girl, 8 years.

First back bedroom, 728 cubic feet, occupied by three boys, ages 21, 19 and 16 years.

Second back bedroom, 806 cubic feet, occupied by six girls, ages 23, 20, 17, 14, 14 and 10 years.

Case VI.—Five-roomed house. Front bedroom, 1,658 cubic feet, occupied by lodger's wife, two girls ages 22 and 3 years, and two boys ages 12 and 10 years.

Middle bedroom, 779 cubic feet, occupied by man and wife (tenant) and three girls ages 11, 8 and 2½ years.

Back bedroom, 389 cubic feet, occupied by a boy 17 years.

Ground floor front room, 1,211 cubic feet, used as living and sleeping room by man (lodger) and a boy 15 years.

Case VII.—Four-roomed house. Front bedroom, 937 cubic feet, occupied by man and wife (tenant) and three boys ages 6, 4 and 1 year, and girl 11 years, and baby.

Back bedroom, 662 cubic feet, occupied by man and wife (lodgers) and three boys 12, 6 and 4 years, girl 10 years, and baby 4 months (one boy age 12 years has Tuberculosis).

Space will only permit a few illustrative cases, but the list could be continued almost indefinitely. At the present time it is impossible for the Health Department to compel families to abate the overcrowding that prevails because they simply cannot find other accommodation. One fears that in course of time many people will become so accustomed to living under these unhealthy conditions that they will lose the desire for homes of their own.

During 1924 a total of 260 houses were erected in the Borough, of which 88 were built by private enterprise, the remainder being part of the Municipal Housing Scheme. In addition to this the Corporation paid subsidies in respect of 48 houses which were erected outside the Borough.

Slum Clearance.—There still exist in this town over 2,000 houses which should be demolished because of their condition, structure and general surroundings. The Improvement Scheme for the Faulkland Street Area is now well in hand and the first batch of new houses built to rehouse the displaced tenants were completed at the end of the year. Within the next twelve months it is confidently anticipated that a substantial number of houses on this area will have been demolished, but there is little doubt that the complete scheme will take a long time.

In consequence of the housing shortage it has rarely been possible to recommend individual houses for closing and subsequent demolition. Representations have only been made in one or two exceptionally bad cases, including one block of property which was practically derelict and in which only two of the ten houses were occupied.

Common Lodging Houses.—There are 7 registered Common Lodging Houses in the town containing between them accommodation for 262 lodgers. All are kept in a very satisfactory condition of cleanliness and good order.

The supervision of Common Lodging Houses in this town is under the direction of the Chief Constable.

FOOD.

The public conscience is slowly becoming awakened to the necessity for greater cleanliness in the production and sale of certain classes of foodstuffs. It is hoped that the Meat Regulations which come into

force early in 1925 will shortly be followed by others of similar lines dealing with fish, bread, sweets, fruit, vegetables, and other perishable foodstuffs. In the Wolverhampton Corporation Bill which is being presented to Parliament, powers are being sought for a greater measure of control over the preparation of many articles of food. Local Acts and Bye-Laws on these lines are capable of bringing about improved conditions of preparation, storage, etc., of the foods actually prepared or manufactured in the particular town or district, but it is more important that such measures should apply generally. The fresh Regulations made by the Corporation in 1923 under the Dairies, Cowsheds, and Milkshops' Order apply only to cowsheds within the Borough. Milk brought into the town from outside districts is frequently not produced under such strict supervision as that which is applied to local cowkeepers. Legislation on these important matters should be uniform and general in its application.

Private Slaughter Houses.—There were 14 private Slaughter Houses in the Borough at the beginning of 1924, all subject to yearly renewal of license. One of these 14 licenses lapsed through the death of the owner and was not renewed.

These Slaughter Houses are carefully supervised and kept in proper state of cleanliness, but the environmental conditions in many instances are unsatisfactory.

Municipal Abattoir.—Although these premises have recently been extended the accommodation is still inadequate for the amount of slaughtering that is conducted. It is hoped that proposals for the further extension of the buildings will shortly be submitted.

Bakehouses.—There are 78 Bakehouses in the Borough including one Underground Bakehouse and 26 Factory Bakehouses. The total number of visits paid to these premises during the year was 726.

Offensive Trades.—The following is a list of the Offensive Trades carried on in Wolverhampton:—

Bone Boiler	...	...	1
Gut Scraper	...	...	2
Hide and Skin Dealer	...	...	2
Rag and Bone Dealer	...	...	5
Tripe Boiler	...	...	7
Fish Frier	...	...	87

One fresh application for a fish frying permit was granted during the year and 5 were refused.

Milk.—A large number of applications for registration for the sale of milk by retail have been dealt with during the year. In every case the premises are thoroughly inspected and all the circumstances gone into. Permission is only granted to sell loose milk by retail when it is clear that no dusty goods or materials which give off a penetrating odour will be stored in proximity to the milk. If articles such as sweets or cooked meat are also retailed from the same shop they must be kept in boxes, bottles, or glass containers, as otherwise there is considerable risk that the premises will be a centre of attraction for flies during the hot weather.

A certain number of applications have had to be refused on the above grounds, but in most cases the vendors have shewn themselves most ready to fall in with the conditions imposed.

Sale of Food and Drugs Acts.—Table XXXVI deals with the various articles submitted to the Public Analysts during 1924. Out of a total of 266 samples only 4, or 1.5% were reported adulterated. This figure is a highly satisfactory one and compares very favourably with the percentage of adulterated samples obtained in previous years.

It will be noted that special attention was given to sampling milk and dairy products and that only two of the 87 milk samples were reported not genuine. In each of these two cases the samples were unofficial ones and no action could therefore be taken.

Table XXXVII sets out the administration of the Milk and Cream Regulations in the Borough. In no case was any infringement of these Regulations discovered.

It must not be concluded that an article of food is wholesome because the Analyst reports that it is genuine. His investigations only ascertain if it has been sophisticated by the addition of adulterants or preservatives, and are no guarantee that it can be consumed with safety. A milk sample that was teeming with bacterial life would have to be reported genuine by the Public Analysts if it contained the proper proportions of fatty and other solids.

The Sale of Food and Drugs Acts protects the public against the dishonest merchant, but not against the producer or the vendor who is dirty and unclean in his methods.

The Special Committee appointed by the Minister of Health to investigate the question of preservatives and colouring matters in foodstuffs have now made their report, as a result of which draft Regulations are now in print prohibiting the use of any added preservatives to articles of food and specifying certain colouring matters which must not be used. Exceptions are made in certain instances, notably in Jam, Sausages, Wines, and Mineral Waters, which are permitted to contain small quantities of sulphur dioxide or benzoic acid, provided that the addition of the preservative is specified on the wrapper or container. It is to be hoped that these Regulations will be put into force as at present drafted, and that there will be no "watering down" as a result of the opposition of food purveyors.

The weight of medical opinion is that some of the preservatives now commonly used have a cumulative action on the body and may be responsible for more ills than can be definitely proved to be due to their consumption. No person should be compelled to drug himself unwittingly with unknown quantities of substances like borie acid which have been added to foodstuffs without any regard for the harm they may cause to susceptible individuals.

VENEREAL DISEASES.

The local V. D. Clinic is held at the General Hospital and is open every day at various times to suit the convenience of all classes of patients. The necessary serological and bacteriological examinations are carried out at the County Council Laboratory adjoining. In-patient treatment is given in the wards of the General Hospital where there are two beds set aside for the treatment of patients suffering from Venereal Diseases.

In close proximity to the clinic is a hostel for women suffering from V. D. which belongs to the Diocesan Association for Preventive and Rescue Work. This institution was formerly reserved for women of the rescue classes only, but its scope has now been extended so as to admit any woman suffering from V. D. who is willing to go there. No subsidy is paid by the Corporation to this hostel but they defray the maintenance charges of all Wolverhampton patients admitted.

The annual return published by the Treatment Centre (Table XXXVIII) shews that there has been a slight falling-off in the number of new cases presenting themselves for treatment. The total number of males attending for the first time and found to be suffering from Syphilis has increased, but there have been less women suffering from this disease. In regard to Gonorrhoea the converse has proved to be the case. As compared with last year there has been an increase in the number of persons who ceased to attend before they had received the full course of treatment. The total number of attendances made at the Centre was practically the same as in 1923.

STAFF, ACKNOWLEDGEMENTS, ETC.

Once again I wish to testify to the loyalty and keenness of the staff of the Health Department. Public health duties are steadily increasing from year to year, and each fresh piece of legislation means added work for the members of the staff. These additional duties are being steadily shouldered with readiness and alacrity, nor has there ever been the slightest complaint of the extra burden.

My special thanks are due to my colleague and assistant, Dr. B. C. Haller, for the able way in which he took charge during my absence last summer, and also for the valuable work that he has done at the Borough Hospital and elsewhere.

My acknowledgements are due to the Borough Treasurer, the Housing Director, the Water Engineer, and the Cleansing Superintendent, for certain information published in this report, and also for the courtesy with which they always treat any requests of mine.

I again desire to take this opportunity of expressing my sincere thanks to the Chairman and each Member of the Health Committee for his support and for the ready assistance that has always been accorded to me in every direction.

I have the honour to be,

Your obedient servant,

R. H. H. JOLLY,

Medical Officer of Health,

TABLE I.

METEOROLOGICAL REPORT FOR THE YEAR 1924.

	Mean Pressure of Barometer, Station Level	Sea Level	Mean Relative Humidity	Mean of Max. and Min. Tem.	Mean undergrnd. Temp.		Absolute Extremes of Temperature			Direction of Wind								Total Rain- fall. In.	
					1 ft.	4 ft.	High- est	Date	Low- est	Date	N.	N.E.	E.	S.E.	S.	S.W.	W.		N.W.
January	29.416	29.921	92	38.9	41.3	43.0	56.5	29th	21.5	10th	...	1	...	4	2	13	1	10	2.92
Feb.	29.515	30.060	82	36.3	39.5	43.1	51.0	4th	21.2	17th	...	8	1	7	...	4	1	8	0.48
March	29.393	29.860	81	38.1	39.9	41.8	59.5	12th	22.0	8th	...	3	4	11	...	10	...	3	1.30
April	29.340	29.853	78	43.8	44.2	43.1	64.0	20th	26.2	5th	...	7	...	1	...	10	...	12	2.74
May	29.341	29.868	77	51.3	51.4	47.1	71.8	29th	29.5	9th	...	...	...	5	1	16	...	9	4.76
June	29.505	30.069	76	55.4	57.7	51.5	76.2	26th	35.8	14th	...	3	...	2	...	14	2	9	2.05
July	29.436	29.890	76	58.8	59.6	54.2	85.8	12th	41.5	5th	...	1	1	2	1	14	2	10	3.82
August	29.330	29.794	85	55.7	58.9	55.0	74.5	11th	42.5	9th	1	...	...	...	1	14	1	14	3.74
Sept.	29.324	29.794	86	54.9	57.1	54.4	68.2	8th	37.0	28th	...	4	1	3	...	13	4	5	3.07
Oct.	29.409	29.848	89	49.4	51.3	53.1	66.5	13th	31.5	24th	...	4	...	11	...	14	1	1	4.06
Nov.	29.560	30.023	87	43.3	46.4	(Out of Order)	57.2	1st	25.0	18th	1	1	...	8	2	11	1	6	1.81
Dec.	28.829	29.325	90	45.8	45.1	46.3	53.5	4th	32.2	29th	...	...	...	1	...	27	1	2	2.87

TABLE II.

VITAL STATISTICS DURING 1924 AND 9 PREVIOUS YEARS

Year. 1.	Population estimated to middle of each year. 2.	BIRTHS. Net.		DEATHS BELONGING TO THE DISTRICT.					Total Deaths in Public Insti- tutions in the District. 8.	Deaths of Non-Residents registered in the District 9.	Deaths of Residents occurring outside the District. 9.	Total Deaths registered in the District.	
		No. 3 & 4.	Rate. 5.	Under 1 year of age		At all ages						No. 6.	Rate. 7.
				No. 10.	Rate per 1,000 Births 11.	No. 12.	Rate 13.						
1915	94,968	2,381	25.0	317	132	1,623	17.1	270	150	222	1,551	16.3	
1916	93,023	2,298	22.9	238	104	1,391	15.0	289	179	207	1,363	14.6	
1917	93,037	2,009	19.4	165	82	1,272	13.7	294	184	199	1,257	13.5	
1918	92,017	2,095	20.3	202	97	1,692	18.4	344	215	233	1,674	18.2	
1919	98,403	2,137	20.2	214	102	1,541	15.4	326	199	224	1,516	15.4	
1920	102,324	2,904	28.3	253	87	1,287	12.6	310	199	188	1,298	12.7	
1921	104,000	2,591	24.9	228	88	1,255	12.1	343	216	198	1,273	12.2	
1922	105,700	2,314	22.0	193	83	1,330	12.6	362	239	264	1,310	12.4	
1923	106,700	2,277	21.4	173	76	1,250	11.7	410	277	219	1,308	12.3	
1924	108,200	2,101	19.4	178	85	1,283	11.9	416	280	256	1,307	12.1	

AREA OF DISTRICT IN ACRES, 3,525.

Institutions within the Borough receiving sick and infirm persons from without the Borough :—

The Wolverhampton and Staffordshire Hospital; The Wolverhampton Borough Hospital; The Wolverhampton and Midland Counties Eye Infirmary; The Wolverhampton and District Hospital for Women; The Queen Victoria Nursing Institution.

VITAL STATISTICS DURING 1924, IN WARDS.

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TABLE III.

WARD	Adjusted Population	Nett Births	Birth Rate	Nett Deaths	Death Rate	Deaths under 1 year	Infant Mortality Rate	Deaths from Diarrhoea under 2 years	Diarrhoea Death Rate per 1,000 Births	Deaths from Phtthisis	Rate	Deaths from Tuberculosis all forms	Rate	Deaths from Respiratory diseases, excluding Phtthisis	Rate
St. Peter ...	6858	128	18.7	95	13.9	16	125	1	7.81	4	0.58	7	1.02	22	3.21
St. Mary ...	9532	193	20.2	138	14.5	26	135	2	10.36	14	1.47	17	1.78	40	4.20
St. James ...	7506	179	23.8	89	11.9	13	73	5	27.93	8	1.07	9	1.20	24	3.20
St. Matthew	9238	247	26.7	128	13.8	37	150	7	28.34	8	0.87	10	1.08	40	4.33
St. George...	11619	283	24.4	152	13.1	24	85	2	7.07	13	1.12	14	1.20	36	3.10
St. John ...	7578	151	19.9	89	11.7	12	80	1	6.62	4	0.53	4	0.53	18	2.38
Blakenhall...	10758	150	13.9	106	9.9	13	87	1	6.67	11	1.02	12	1.12	18	1.67
Graiseley ...	12062	238	19.7	116	9.6	17	71	1	4.20	10	0.83	12	0.99	24	1.99
Merridale ...	6257	81	12.9	77	12.3	5	62	...	...	2	0.32	2	0.32	15	2.40
St. Mark ...	6711	101	15.0	82	12.2	5	50	...	...	4	0.60	4	0.60	21	3.13
Park ...	9318	213	22.9	99	10.6	4	19	...	...	3	0.32	4	0.43	25	2.68
Dunstall ...	10763	137	12.7	112	10.4	6	44	...	...	6	0.56	8	0.74	21	1.95
Borough ...	108,200	2101	19.4	1283	11.9	178	85	20	9.52	87	0.80	103	0.95	304	2.81

TABLE IV.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1924.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents within the Borough.									Total Deaths in Institutions in the district
	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
All causes { Certified ...	1279	178	47	43	27	46	158	310	470	416
{ Uncertified ...	4	...	...	...	...	...	...	2	2	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...
Small-pox ...	...	...	...	...	...	...	...	...	...	...
Measles ...	9	1	5	1	2	...	...	...	...	...
Scarlet Fever ...	1	...	...	1	...	...	...	...	...	4
Whooping Cough...	11	1	3	7	...	...	...	...	...	...
Diphtheria and Croup ...	5	...	3	2	...	...	...	...	...	9
Influenza ...	61	1	...	3	2	6	10	14	25	12
Erysipelas ...	2	...	...	...	...	...	1	1	...	1
Phthisis (Pulmonary Tuberculosis)	87	...	...	1	2	19	42	21	2	8
Tuberculous Meningitis ...	9	3	2	3	...	1	...	...	...	9
Other Tuberculous Diseases	7	1	...	...	1	...	3	2	...	6
Cancer, malignant disease	125	...	...	...	1	1	12	56	55	55
Rheumatic Fever...	6	...	...	...	...	1	1	1	3	...
Meningitis ...	8	4	...	1	2	...	1	...	...	9
Organic Heart Disease ...	117	...	...	...	3	...	11	40	63	11
Bronchitis ...	148	28	9	2	...	...	1	23	85	3
Pneumonia (all forms) ...	142	22	18	16	5	2	29	28	22	45
Other diseases of respiratory organs	14	2	...	...	...	1	1	6	4	9
Diarrhoea and Enteritis ...	20	17	3	...	...	...	...	...	...	3
Appendicitis ...	7	...	...	...	1	1	1	3	1	32
Cirrhosis of Liver ...	1	...	...	...	...	...	...	1	...	1
Alcoholism ...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ...	35	...	...	...	1	1	4	18	11	8
Puerperal Fever ...	1	...	...	...	...	1	...	...	...	1
Other accidents and diseases of Pregnancy and Parturition...	3	...	...	...	...	...	3	...	...	6
Congenital Debility and Malformation, including Premature Birth	76	75	...	...	1	...	...	...	...	15
Violent Deaths, excluding Suicide ...	27	4	...	1	1	4	2	9	6	38
Suicide ...	14	...	...	...	...	...	3	7	4	3
Other Defined Diseases	340	19	3	4	5	8	33	78	190	127
Diseases ill-defined or unknown ...	7	...	1	1	...	...	...	4	1	1
Totals ...	1283	178	47	43	27	46	158	312	472	416

TABLE V.
TUBERCULOSIS, YEAR 1924.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	...	...	1	...	...	...	3	1
1—5	...	1	2	2	1	...	...	5
5—10	7	4	5	2	...	2	...	1
10—15	3	7	4	2	...	...	...	...
15—20	7	5	...	...	1	2	...	1
20—25	14	12	2	...	12	4	...	...
25—35	17	26	...	1	8	8	...	1
35—45	19	7	...	1	21	5	...	2
45—55	14	5	...	...	15	...	1	1
55—65	3	1	...	...	4	2	...	...
65 & upwards	2	...	...	...	2	...	...	...
TOTALS ...	86	68	14	8	64	23	4	12

TABLE VI.

TUBERCULOSIS, 1924.

Interval elapsing between date of notification and date of death.

	Not notified	Under 1 week	Under 1 month	Under 3 months	Under 6 months	Under 1 year	Under 2 years	Under 3 years	Over 3 years	Total Deaths
Pulmonary—Males ...	10	2	4	7	5	9	7	8	12	64
Pulmonary—Females...	3	1	2	4	1	3	6	...	3	23
Non-Pulmonary—Males	2	1	...	...	...	...	...	...	1	4
Non-Pulmonary—Females	9	3	...	...	...	...	...	...	...	12
Totals ...	24	7	6	11	6	12	13	8	16	103

TABLE VII. TUBERCULOSIS, 1924.

	Pulmonary	Non-Pulmonary	Total
Cases notified	154	22	176
Cases re-notified	105	8	113
Cases admitted to Institutions :			
Sanatoria... ..	130	1	131
Kinver Hospital ...	24	...	24
Poor Law Infirmary	7	...	7
Other Institutions ...	13	2	15
Cases discharged from Institutions :			
Sanatoria... ..	110	...	110
Kinver Hospital ...	26	...	26
Poor Law Infirmary	4	...	4
Other Institutions ...	9	...	9
First visits to homes by Inspectors	154	22	176
Number of Deaths ...	87	16	103

TABLE VIII. NEW CASES ATTENDING T.B. DISPENSARY.

	Pulmonary	Non-Pulmonary	Total
Recommended for :			
Dispensary Treatment ...	14	3	17
Domiciliary	14	1	15
Hospitals... ..	14	3	17
Sanatorium	69	2	71
Totals	111	9	120

TABLE IX. ZYMOTIC DISEASES, 1924.

Notifiable Disease.	Notified.	Admitted to Hospital.	Deaths in Hospital.	Deaths at home of cases previously notified
Small Pox ... ..	...	...	...	...
Diphtheria	58*	52	5	...
Scarlet Fever	163†	157	2‡	...
Enteric Fever	3	3	...	...
Puerperal Fever	6	2	...	...
Erysipelas	23	9	1	1
Ophthalmia Neonatorum	46	...	...	...
CerebroSpinal Meningitis	2	1	...	1
Encephalitis Lethargica	27§	17	5	3
Malaria ... ..	...	...	...	...
Primary Pneumonia ...	101	14	3	21
Influenzal Pneumonia ...	39	2	1	12
Acute Poliomyelitis ...	1	1	...	...
Others ... ..	...	...	...	...

* 1 of these proved not to be Diphtheria.

† 5 „ „ „ „ Scarlet Fever.

§ 2 „ „ „ „ Encephalitis Lethargica.

‡ 1 death from an Intercurrent Disease.

TABLE X. DISINFECTION.

Number of rooms disinfected with Formalin 305

Number of rooms sprayed 192

2 Ambulances, 3 Shelters, and 1 Taxi.

Articles disinfected by steam :—

Blankets - 287. Sheets - 140. Quilts - - - - 111

Pillow Cases 126. Rugs - - 33. Dresses and Suits 190

Pillows - - 114. Mattresses 86. Miscellaneous - - 2537

Total - 3,624.

Library books fumigated 117

TABLE XI. INFECTIOUS DISEASES, YEAR 1924.

NUMBER OF NOTIFICATIONS.															Total Admitted Cases to Notified. Hospital.		DEATHS.										Total Deaths.	
Age-periods.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & Up.			0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & Up		
Diphtheria ...	1	6	3	7	3	12	4	6	14	...	2	...	58	52	...	3	...	2	...	...	...	...	...	...	...	...	...	5
Scarlet Fever ...	...	1	3	6	13	63	48	11	18	...	...	...	163	157	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Enteric Fever ...	...	...	...	...	...	...	...	1	1	1	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	1	5	...	...	...	6	2	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Erysipelas ...	...	...	...	...	...	2	3	1	2	3	9	3	23	9	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Ophthalmia Neonatorum	46	...	...	...	...	...	...	...	...	...	...	...	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Primary Pneumonia ...	2	4	3	2	...	14	16	9	16	15	17	3	101	14	22	18	7	6	3	4	1	...	18	13	28	22	142	...
Influenzal Pneumonia ...	2	2	...	2	1	3	...	3	7	4	10	5	39	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	1	...	1	...	1	5	11	4	4	...	27	17	...	...	1	...	...	...	...	2	3	2	1	...	9	...
Acute Poliomyelitis ...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever ...	...	...	...	...	1	1	...	...	...	...	...	...	2	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...
TOTALS ...	51	13	10	17	19	95	72	38	74	27	42	11	469	258	22	21	9	8	3	5	1	2	22	16	30	22	161	...

CASES OF INFECTIOUS DISEASES NOTIFIED IN EACH WARD, YEAR 1924.

WARD	Diphtheria	Scarlet Fever	Enteric Fever	Puerperal Fever	Erysipelas	Ophthalmia Neonatorum	Primary Pneumonia	Influenzal Pneumonia	Encephalitis Lethargica	Acute Polio-myelitis	Cerebro Spinal Fever
St. Peter	4	9	...	1	1	10	2	3	...	...	...
St. Mary	2	17	...	...	3	9	12	2	...	...	...
St. James	5	21	...	...	1	5	8	2	...	...	...
St. Matthew	4	23	1	...	6	10	20	...	2	...	...
St. George	8	26	1	2	1	6	17	...	2	...	...
St. John	2	2	...	...	1	2	2	1	2	...	...
Blakenhall	3	18	...	...	1	...	24	4	2	...	1
Graiseley	10	12	1	2	1	...	5	7	4	...	1
Merridale	6	8	...	1	3	...	4	5	3	...	...
St. Mark	5	4	...	...	2	1	2	2	...	...	...
Park	5	11	...	...	...	...	2	6	8	1	...
Dunstall	4	12	...	...	3	3	3	7	4	...	...
Borough...	58	163	3	6	23	46	101	39	27	1	2

TABLE XII.

TABLE XIII.

BOROUGH INFECTIOUS HOSPITAL.

	Scarlet Fever.	Diph- theria.	Other Diseases.	Total.
Cases in Hospital on January 1st, 1924	14	—	—	14
Total cases admitted during year ...	182	59	2	243
Cases admitted from outside districts	26	10	—	36
Cases wrongly diagnosed	11	2	—	13
Mild and uncomplicated cases	96	29	—	125
Severe and septic cases	75	28	—	103
Complications :—				
Adenitis	17	2	—	19
Otitis Media	10	2	—	12
Nephritis	10	6	—	16
Rhinitis	14	2	—	16
Scarlatinal Rheumatism	3	—	—	3
Intercurrent diseases				
(e.g. Bronchitis) etc. ...	17	3	—	20
Cardiac	—	5	—	5
Laryngeal	—	6	—	6
Miscellaneous	4	2	—	6
Number of Operations performed :—				
Minor Operations	9	—	—	9
Major „	—	3	—	3
Number of Deaths	4	6	1	11
Total cases discharged during the year	137	43	2	182
Average duration of treatment ...	...	...	50 days	
Average number of beds occupied	...	...	28·7	
Cases in Hospital, January 3rd, 1925	54	10	—	64

The above figures refer to all cases admitted to the Borough Hospital and not solely to Wolverhampton ones.

TABLE XIV.

SCARLET FEVER.
Relation of Overcrowding to Incidence.

	No. of Houses.	Total Occupants.	Persons per Room.	No. of Susceptible persons under 15.	Recurrences.	% of Recurrences.
A.—Cases removed to Hospital ...	31	127	Less than 1 person per room	31	—	Nil.
	91	590	1—2 persons per room	241	7	2.9%
	12	109	More than 2 persons per room	66	2	3%
B.—Cases nursed at home ...	6	24	Less than 1 person per room	7	—	Nil.
	—	—	1—2 persons per room	—	—	Nil.
	—	—	More than 2 persons per room	—	—	Nil.

TABLE XV. ENTERIC FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1915	3	1	0·01	0·04
1916	3	...	...	0·03
1917	2	...	...	0·03
1918	...	...	...	0·03
1919	...	...	...	0·01
1920	2	...	...	0·01
1921	4	...	...	0·02
1922	7	4	0·04	0·01
1923	4	...	...	0·01
1924	3	...	...	0·01

TABLE XVI. SCARLET FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1915	206	2	0·02	0·06
1916	153	3	0·03	0·04
1917	286	5	0·05	0·02
1918	183	5	0·05	0·03
1919	151	4	0·04	0·03
1920	284	7	0·07	0·04
1921	388	7	0·07	0·03
1922	340	6	0·06	0·04
1923	194	2	0·02	0·03
1924	163	1	0·01	0·02

TABLE XVII. DIPHTHERIA.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1915	140	15	0·16	0·15
1916	125	17	0·18	0·14
1917	56	7	0·08	0·13
1918	56	5	0·05	0·14
1919	56	2	0·02	0·13
1920	49	3	0·03	0·15
1921	43	3	0·03	0·12
1922	29	2	0·02	0·11
1923	55	2	0·02	0·07
1924	58	5	0·05	0·06

TABLE XVIII. WHOOPING COUGH.

Year.	Deaths.	Death Rate per 1,000 population.	
		WOLVERHAMPTON.	England and Wales.
1915	11	0·11	0·21
1916	15	0·16	0·16
1917	18	0·19	0·13
1918	14	0·15	0·29
1919	9	0·09	0·07
1920	21	0·21	0·11
1921	7	0·07	0·12
1922	22	0·21	0·16
1923	8	0·08	0·10
1924	11	0·10	0·10

TABLE XIX. BACTERIOLOGICAL EXAMINATIONS 1924.

	Positive.	Negative.	Total.
For Diphtheria Bacilli.			
Swabs ..	208	862	1070
For Tubercle Bacilli.			
Sputum	15	64	79
Others	1	2	3
Totals	224	928	1152

TABLE XX.

DEATHS UNDER 1 YEAR, ARRANGED ACCORDING TO WEEKS AND MONTHS.

CAUSE OF DEATH.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
All Causes { Certified ...	40	4	16	7	67	34	39	19	19	178
{ Uncertified ...	...	...	...	...	...	...	...	...	...	...
Small Pox ... ..	...	...	...	...	...	...	...	...	...	...
Chicken-Pox ... ..	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	1	1
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	1	1
Diphtheria and Croup ... ..	...	...	...	...	...	...	...	...	...	...
Influenza ... ..	...	...	...	...	...	...	...	...	1	1
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ... ..	...	...	...	...	...	...	1	1	1	3
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	1	...	1
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	...
Meningitis (not tuberculous) ... ..	...	...	...	...	...	...	1	2	1	4
Convulsions	1	...	...	...	1	2	1	...	...	4
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	2	1	3	8	9	3	5	28
Pneumonia (all forms) ... ..	...	1	1	...	2	3	5	5	7	22
Diarrhoea ... ..	...	...	...	...	...	...	1	1	...	2
Enteritis ... ..	...	...	...	...	...	5	7	2	1	15
Gastritis ... ..	...	1	1	...	2	...	...	...	...	2
Syphilis ... ..	...	...	...	...	...	1	...	...	...	1
Rickets ... ..	...	...	...	...	...	...	1	...	...	1
Suffocation (overlying) ... ..	...	...	1	1	2	...	2	...	...	4
Injury at birth	1	...	...	...	1	...	...	...	...	1
Atelectasis	4	...	...	...	4	...	...	...	...	4
Congenital Malformations	1	1	...	1	3	1	2	...	...	6
Premature Birth	26	1	8	1	36	3	1	...	...	40
Atrophy, Debility and Marasmus	4	...	2	2	8	9	6	3	...	26
Other Causes	3	...	1	1	5	2	2	1	1	11
Totals	40	4	16	7	67	34	39	19	19	178

TABLE XXI. DIARRHŒA AND ENTERITIS.

Year.	Deaths under 2 years.	Death Rate per 1,000 births.	
		Wolverhampton.	England and Wales.
1915	40	16·93	18·86
1916	57	24·80	13·09
1917	23	11·45	12·80
1918	22	10·58	11·66
1919	42	19·65	10·22
1920	21	7·23	8·89
1921	60	23·15	15·50
1922	15	6·48	6·20
1923	31	13·61	7·70
1924	20	9·52	7·30

TABLE XXII.

MIDWIVES.

No. of midwives on Register	...	...	48
No. of trained midwives working independently	...	...	16
No. of trained midwives in institutions	...	...	16
No. of untrained midwives working independently	...	...	16

NOTIFICATIONS RECEIVED FROM MIDWIVES.

(a) Of sending for medical assistance	...	...	515
(b) Of still births	...	...	38
(c) Of proposal to substitute artificial feeding	...	...	12
(d) Of being a source of infection.	...	...	18

WORK OF THE SUPERINTENDENT OF MIDWIVES.

(a) No. of routine visits to midwives	...	...	249
(b) No. of special visits to midwives	...	...	75
(c) No. of special visits to patients	...	...	45
(d) No. of ante-natal visits	...	...	12
(e) No. of visits <i>re</i> still births	...	...	59
(f) No. of visits <i>re</i> Puerperal Fever cases	...	...	5
TOTAL VISITS			345

TABLE XXIII.

CONDITIONS FOR WHICH DOCTORS WERE CALLED IN BY MIDWIVES.

PREGNANCY.

Ante-partum Hæmorrhage	...	...	...	18
Abortion	...	...	...	3
Miscarriage	...	...	...	8
Toxæmias (a) Unclassified	...	...	6	} 10
(b) Eclampsia	...	...	4	
Undiagnosed	...	...	...	34
Death of Mother	...	...	...	3

LABOUR.

Abnormal Labour	...	...	...	121
Post-partum Hæmorrhage	...	...	...	15
Retained and Adherent Membranes	...	...	...	13
Ruptured Perineum	...	...	...	64

PUERPERIUM.

Puerperal rise of Temperature	...	...	...	11
Mastitis	...	...	...	2
Subinvolution...	...	...	...	1
Unclassified (Indefinite Diagnosis)	...	...	...	33

INFANT.

Ophthalmia	...	...	...	104
Convulsions	...	...	...	...
Atrophy, Debility and Marasmus	...	...	...	28
Bronchitis	...	...	...	...
Congenital Malformations	...	...	...	5
Icterus Neonatorum	...	...	...	5
Unclassified (Indefinite Diagnosis)	...	...	...	37

TABLE XXIV. MATERNITY AND CHILD WELFARE.

WORK OF HEALTH VISITORS, 1924.

District.	First Visits.	Re-visits.	Visits to Toddlers.	Ineffective Visits.	Special Visits.	Clinics.	Total.
N.W.	251	560	1403	231	130	104	2679
S.W.	309	673	1505	281	196	121	3085
W.	371	693	1531	233	113	103	3044
N.E.	320	1100	896	254	284	83	2937
S.E.	389	674	1501	247	290	105	3206
E.	331	1063	1276	120	304	99	3193
TOTAL	1971	4763	8112	1366	1317	615	18,144

Dressings, 1157.

TABLE XXV.

MATERNITY AND CHILD WELFARE.

BIRTHS

Births Notified				Male	Female	Sex not stated	Total
By Midwives	...	...	...	817	785	13	1615
„ Doctors	...	...	...	225	190	7	422
„ Others	...	...	...	21	22	...	43
							2080
STILL-BIRTHS							
By Midwives	...	...	...	37	27	1	65
„ Doctors	...	...	...	11	11	1	23
„ Others ...	...	...	...	...	...	...	...
							88

TABLE XXVI.

MATERNITY AND CHILD WELFARE CENTRES.

	Horseley Fields	Merridale Street	Stafford Street	Salop Street	Totals
INFANTS					
No of Sessions	101	102	98	55	356
New Cases under 1 year	370	343	266	...	979
New Cases over 1 year ...	50	62	38	...	150
Attendances under 1 year	4578	3897	3177	...	11652
Attendances over 1 year	2234	1901	2016	...	6151
Total Attendances ...	6812	5798	5193	...	17803
EXPECTANT MOTHERS					
New Cases ... ..	...	...	...	151	...
Total Attendances ...	...	...	...	736	...
Average Attendances per Session	67.4	56.8	53.0	13.4	...

SCHOOL FOR MOTHERS.

Sessions ... 48 Attendances ... 405

TABLE XXVII.

WOLVERHAMPTON COUNTY BOROUGH, CASES OF
OPHTHALMIA NEONATORUM, 1924.

Cases notified by (a) Doctors	...	...	5
„ „ „ (b) Midwives	...	...	41
			<u>46</u>
Cases treated at home	...	...	5
„ „ „ out-patients Eye Infirmary	...	...	37
„ „ „ other Institutions	...	...	4
			<u>46</u>
Results :—			
Sight apparently perfect	...	...	46
„ impaired	...	...	—
Blind one eye	...	...	—
Blind both eyes	...	...	—
Result unknown	...	...	—
			<u>46</u>

TABLE XXVIII.

**ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS
RELATING TO PUBLIC HEALTH IN FORCE IN THE
DISTRICT, WITH DATE OF ADOPTION.**

Local Acts :—

- Wolverhampton Improvements Act, 1869.
- Wolverhampton Corporation Act, 1887.
- Wolverhampton Corporation Act, 1891.
- Wolverhampton Corporation Act, 1904.
- Wolverhampton Corporation Act, 1908.
- Wolverhampton Corporation Water Act, 1915.

General Adoptive Acts :—

- Artizans' and Labourers' Dwellings Improvement Act, 1875.
(Adopted 1877).
- Public Health Acts Amendment Act, 1890. (Adopted 1891).
Parts 2, 3, 4 and 5.
- Infectious Diseases Prevention Act, 1890. (Adopted 1891).
- Public Health Acts Amendment Act, 1907. (Adopted 1910).
Sections 19, 20, 22, 23, 24, 26, 33 (Part II), 35-38 and 46-51
(Part III), 62, 65-68 (Part IV), 78-81 and 85 (Part VII), 88,
89 (Part VIII), and 91 (Part IX).

Regulations as to Dairies, Cowsheds and Milkshops (Revised 1923).**Bye-Laws** with respect to :—

- Common Lodging Houses, 1870.*
- New Streets and Buildings, 1912.
- Offensive Trades, 1913.
- Public Sanitary Conveniences, 1902.
- Slaughter Houses (Revised 1912).
- Public Slaughter Houses, 1918.
- Nuisances arising from snow, 1897.
- Nuisances arising from animals, 1920.
- Good Rule and Government (Spitting), 1920.

* Further provisions contained in the Local Act of 1904.

WORKSHOPS.

TABLE XXIX. A.—INSPECTIONS.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions (4)
Factories (inclndg. Factory Laundries) Workshops („ Workshop „) Workplaces	4855	109	1
Total	4855	109	1

B.—DEFECTS FOUND.

Partienlars.	Number of defects.			Prosecu- tions.
	Found.	Remed- ied.	Referred to H.M. Insp'ctr	
(1)	(2)	(3)	(4)	(5)
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—				
Want of cleanliness	154	237	...	...
Want of ventilation	3	3	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	241	257	...	1
* Sanitary Accommodation { insufficient unsuitable, or de- fective not separate for sexes	6	23	...	...
Total	404	520	...	1

* Section 22 of the Public Health Acts Amendment Act, 1890, is in force, and the standard aimed at is that of the Order of February, 1903.

TABLE XXIX.—*Continued.* C.—HOME WORK.

* NATURE OF WORK.	OUTWORKERS' LISTS, SEC. 107.					
	Received from Employers.					
	Twice in the year.			Once in the year.		
	Lists.	Out Workers.		Lists.	Contractors.	Workmen.
		Contractors.	Workmen.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, &c. ...	10	10	14	2	1	2
File Making ...	2	...	4	...	...	...
Locks, Latches & Keys ...	...	...	...	1	...	1
Totals ...	12	10	18	3	1	3

* When the return is "nil" the item is omitted from the table.

D.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2)
Boot and Shoe Makers and Repairers, 82 ; Bakehouses, 76 ; Lockmakers, 41 ; Tailors, 70 ; Dressmakers, 33 ; Milliners, 30 ; Cabinet Makers and Upholsterers, 14 ; Smiths, 22 ; Keymakers, 10 ; Spectacle Frame Makers, 10 ; Builders, &c., 21 ; various other trades, 223	632
Total number of Workshops on Register	632

E.—OTHER MATTERS.

Class (1)	Number (2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix Abstract of Factory and Workshop Act ...	...
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Acts	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspectors
Others	
Underground Bakehouses (s. 101) :—	
Certificates granted during the year ... ..	...
In use at the end of the year	1

CANAL BOATS ACTS, 1877-1884.

Number of boats registered during 1924	...	...	5
„ „ inspected „ „	...	...	269
„ infringements discovered	...	...	64
„ notices issued	...	...	47
„ „ outstanding at end of year	...	...	10
„ infectious diseases notified	...	...	—
„ cabins disinfected	...	...	—

TABLE XXX. PUBLIC COMPLAINTS OR REQUESTS RECEIVED AND DEALT WITH.

Complaints in respect of :—Alleged or Suspected Sanitary Defects	...	728
„ and requests of :—Closet Pans or Ash Receptacles	...	81
TOTAL	...	809

SUMMARY OF ROUTINE INSPECTION WORK.

	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Investigations made into Notifiable Infectious Diseases	61	47	40	39	65	38	...	290
Investigations made into other Infectious Diseases	102	131	143	104	148	121	...	749
Number of Houses inspected	139	255	219	478	447	272	...	1810
Re-inspections, Calls made, &c.	2629	3159	3219	3295	2644	3799	4796	23541
Smoke observations	13	4	7	7	30	7	6	74
Inspections under Housing, etc., Act	...	...	...	7	...	1	...	8
„ of Houses Let-in-Lodgings	39	53	22	61	43	25	...	243
„ „ Canal Boats	...	...	...	...	...	...	266	266
„ „ Workshops	...	...	...	...	...	...	34	34
„ „ Bakehouses	263	150	61	124	39	89	...	726
„ „ Cowhouses	3	20	...	5	20	32	...	80
„ „ Dairies and Milkshops	531	591	336	355	236	716	...	2765
„ „ Slaughter-houses	518	203	581	120	360	671	...	2453
„ „ Offensive Trades	229	417	207	102	118	258	25	1356
„ „ Stables and Stable-yards	164	297	24	37	186	169	217	1094
„ „ Courts, Outdoor Closets, Drains, &c.	2103	2092	2951	1687	2007	2716	217	13773
„ „ Piggeries, Fowls, and other Animals kept	68	18	37	37	67	170	6	403
„ „ Meat and Food	407	445	509	1159	380	604	...	3504
Miscellaneous	51	45	82	40	89	207	168	682
TOTAL INSPECTIONS, &c.	7320	7927	8438	7657	6879	9895	5735	53851
References to :								
Cleansing Department	2	8	7	7	7	9	3	43
Borough Engineer's	50	102	26	55	81	32	50	396
Water Engineer's	22	16	59	20	105	70	7	299
TOTALS	74	126	92	82	193	111	60	738

TABLE XXXI. SANITARY DEFECTS REPORTED.

HOUSES AND WORKSHOPS;—	N.W.	W.	S.W.	N.E.	E.	S.E.	Work-shops.	Total for Borough.
1. Requiring cleansing and limewashing ...	72	114	94	269	168	140	128	985
2. Dampness ...	48	152	228	111	125	109	33	806
3. Dilapidations or defective ventilation ...	106	129	139	252	247	167	14	1,054
4. Overcrowded ...	20	18	11	27	24	34	...	134
5, 6, 7, 8, 10. Defective or insufficient closet accommodation ...	45	61	43	78	41	59	52	379
9, 36. Defective urinals ...	...	...	1	2	...	4	10	17
11, 13, 14, 15, 16, 27. Defective sanitary fittings ...	51	41	78	31	44	13	...	258
35. Offensive accumulations ...	83	54	71	58	28	118	16	428
17, 21, 23. Defective drains ...	15	11	25	9	23	22	3	108
20. Drains found stopped ...	84	52	116	90	98	100	5	545
24. Defective fall pipes ...	78	51	156	50	63	47	15	460
25. Defective eaves spouting ...	105	86	159	93	65	63	25	596
26. Defective roofs ...	83	70	126	54	65	57	19	474
GENERAL:—								
28. Defective yard surfaces ...	24	21	28	20	45	32	4	174
29, 30. Defective outbuildings ...	193	110	278	208	306	181	53	1,329
31, 32. Defective ash receptacle ...	182	77	181	138	94	68	4	744
33, 34. Infringements of Bye-laws ...	44	27	32	37	39	120	5	304
MISCELLANEOUS ...	65	54	53	101	81	61	18	433
	1,298	1,128	1,819	1,628	1,556	1,395	404	9,228

TABLE XXXII. NOTICES SERVED DEALING WITH THE AFORESAID SANITARY DEFECTS.

FORM OF NOTICES.	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Intimation (Preliminary) ...	206	249	273	291	254	395	80	1748
Statutory ...	562	537	693	574	559	583	29	3537
TOTALS ...	768	786	966	865	813	978	109	5285
Prosecutions :								
Non-compliance with Notices ...	4	2	16	5	8	8	1	44
Bye-laws Infringements ...	2	...	2	...	...	1	...	5
TOTALS ...	6	2	18	5	8	9	1	49

TABLE XXXIII. IMPROVEMENTS MADE IN COMPLIANCE WITH NOTICES SERVED.

IMPROVEMENTS.	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Drains { Reconstructed ...	101	1	5	22	19	13	...	161
Drains { Improved or Repaired ...	288	145	163	135	39	216	19	1005
Drains { Traps fixed ...	55	11	31	156	32	165	13	463
Drains { Provided ...	9	25	67	14	29	7	...	153
Sinks Improved or Repaired ...	106	14	34	10	17	10	...	191
Pan Closets altered to Water Closets ...	166	...	14	80	2	67	3	332
Water Closets { Constructed ...	2	12	...	1	2	7	8	32
Water Closets { Improved or Repaired ...	58	114	53	100	35	91	12	463
Ashpits { Ash Bins provided ...	383	144	256	219	143	120	4	1269
Ashpits { Altered to Bin ...	79	43	57	47	7	18	...	251
Ashpits { Improved or Repaired ...	26	5	...	2	1	...	...	34
Courts, Yards, and Channels { Relaid or Repaired ...	225	76	61	125	56	173	3	719
Water { Wells Closed ...	...	...	...	...	...	...	...	...
Water { Water laid on ...	...	7	8	2	9	34	1	61
Water { Soft Water Cisterns Cleansed ...	4	3	3	1	...	...	1	12
Houses { Cleansed or Limewashed ...	95	109	113	206	168	180	138	1009
Houses { Generally Repaired ...	218	308	213	251	256	328	28	1602
Houses { Lighted or Ventilated ...	38	30	64	1	87	66	3	289
Houses { Spouting, etc., provided or repaired ...	272	257	432	222	120	122	43	1468
Overcrowding Abated ...	7	11	5	17	15	31	...	86
Out-door Premises Limewashed ...	341	440	470	451	428	441	99	2670
Out-door Premises Improved or Repaired ...	318	571	188	70	181	136	34	1493
Animals Removed ...	32	13	18	120	49	74	1	307
Offensive Accumulations Removed ...	197	258	176	242	170	169	74	1286
Other Amendments or Nuisances Abated ...	73	48	4	332	7	34	36	534
TOTAL IMPROVEMENTS ...	3093	2645	2435	2826	1872	2502	520	15893
TOTAL PREMISES IMPROVED ...	1213	1226	1416	1276	1127	1733	281	8272

TABLE XXXIV.
WOLVERHAMPTON HOUSING CONDITIONS.

STATISTICS, YEAR ENDED 31st DECEMBER, 1924.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	260
(b) With State Assistance under the Housing Acts, 1919 1923, or 1924.						
(1) By Local Authority	...	...	...	...	...	163
(2) By other bodies or persons	...	...	...	...	...	88

2.—UNFIT DWELLING HOUSES.

I.—INSPECTION.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	1810
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	... ..	175
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	17
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation...		1267

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of Informal action by the Local Authority or their Officers	No record
---	--------	-----------

III.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under section 28 of the Housing, Town Planning, etc. Act, 1919	Nil
---	--------	-----

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	... ..	2552
(2) Number of dwelling houses in which defects were remedied :—		
(a) By Owners	... ..	2069
(b) By Local Authority in default of Owners		Nil

TABLE XXXIV.—*Continued.*

C.—Proceedings under section 17 and 18 of the Housing, Town Planning, etc. Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	16
(2) Number of dwelling houses in respect of which Closing Orders were made	1
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses have been rendered fit	Nil
(4) Number of dwelling houses in respect of which demolition orders were made	1
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	3

TABLE XXXV. DISEASED OR UNSOUND FOOD DESTROYED.

(a) Surrendered to Sanitary Inspector.

2 bovine carcasses.

Portions of fore and hind quarter of beef.

1 loin of beef.

Portions of brisket and flank of beef.

14 pieces of beef.

2 hind legs, loin and shoulder of mutton.

Carcasses and offals of three pigs.

1 piece of pork.

Piece of pork, rind and fat.

48 pigs' heads.

1 box and 20 pigs' livers.

3 sets pigs' fry.

1 set of beast's lungs.

4 beasts' livers.

1 sheep's liver.

1 beast's head, heart, &c.

2 ox tongues.

20 couple of rabbits.

1 hare, 5 brace of pheasants, and 1 cockerel.

4 rabbits' livers.

3½ tins of corned beef.

TABLE XXXV.—*Continued*

4 tins of corned pork.	
14 bundles of tomatoes.	
52 boxes of tomatoes.	
66 boxes of apples.	
1 tin of liquid eggs.	
23 tins of salmon and fruit.	
2 tins of tomatoes.	
1 tin of sardines.	
14 hake, 1 halibut, 1 box of cod and 1 box of eels	
17 boxes of filleted haddock.	
7 boxes of dry haddock.	
13 boxes of kippers.	
9 boxes of cod fillets.	
3 boxes of fish roes.	
20 tins of prawns.	

(b) Surrendered at Public Abattoir.

Carcasses of beef	...	...	...	204
„ pork	...	...	...	53
„ mutton	...	...	...	27
„ veal	...	...	...	18
Bovine heads	...	...	...	348
„ lungs	...	...	...	359
„ livers	...	...	...	322
„ bellies	...	...	...	282
„ hearts	...	...	...	85
„ spleens	...	...	...	154
„ kidneys	...	...	...	20
Fore-quarters of beef	...	...	...	36
Pigs' heads	...	...	...	47
Pigs' plucks	...	...	...	53
Sheeps' plucks	...	...	...	40

TABLE XXXVI.

SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

Total number of samples taken during the year 1924 :—

Article.	TOTAL.	Genuine.	Not Genuine.	Prosecutions.
Milk	87	85	2	...
Butter	73	73	...	...
Lard	32	32	...	...
Margarine	23	23	...	...
Cod Liver Oil	9	8	1	...
Preserved Cream	5	5	...	...
Olive Oil	4	4	...	...
Beef Suet, Shredded	4	3	1	...
Cream	3	3	...	...
Milk of Sulphur	3	3	...	...
Bees Wax	2	2	...	...
Camphorated Oil	2	2	...	...
Castor Oil	2	2	...	...
Sal Volatile	2	2	...	...
Boracic Powder	1	1	...	...
Cream of Tartar	1	1	...	...
Glycerine	1	1	...	...
Tincture of Iodine	1	1	...	...
Paregoric	1	1	...	...
Potassium Iodide	1	1	...	...
Potassium Bromide	1	1	...	...
Salicytate of Soda	1	1	...	...
Sulphate of Magnesia... ..	1	1	...	...
Baking Salt	1	1	...	...
Flour Improver	1	1	...	...
Beef Suet, Flaked	1	1	...	...
Cheese	1	1	...	...
Milk, Sterilised	1	1	...	...
Milk, Powder	1	1	...	...
TOTAL	266	262	4	...

TABLE XXXVII.

MILK AND CREAM REGULATIONS.

Report of Administration in connection with the Public Health (Milk and Cream) Regulations 1912-1917, year ending December 31st, 1924 :—

(1) Milk and Cream not sold as preserved cream :—

		Number of samples examined for presence of a preservative.	Number in which a preserva- tive was reported present.
Milk	...	87	Nil.
Cream	...	3	Nil.

(2) Cream sold as preserved cream :—

(a) Samples submitted for analysis to ascertain if the statements on the label as to preservation were correct :—

(I.) Correct statements made	...	5
(II.) Statements incorrect	...	Nil.
Total	...	<u>5</u>

(b) Determinations of milk fat in cream sold as preserved cream :—

(I.) Above 35 per cent.	...	5
(II.) Below 35 per cent.	...	Nil.
Total	...	<u>5</u>

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream have not been complied with :—

Nil.

(d) Cases in which the Regulations have not been complied with, and action taken :—

Nil.

(3) Thickening substances. No evidence of their addition to cream or preserved cream was found.

TABLE XXXVIII.

RETURN relating to all persons who were treated at the Venereal Diseases Treatment Centre at Wolverhampton and Staffordshire Hospital during the year ended the 31st December, 1924.

	Syphilis.		Soft Chancre.		Gonorrhœa		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Number of persons who, on the 1st January, 1924, were under treatment or observation for	94	127	...	1	46	46	2	11	142	185
Number dealt with during the year for the first time and found to be suffering from :—										
Syphilis only	79	56	...	...	...	...	...	...	79	56
Soft chancre only ... ..	...	...	1	...	...	...	...	...	1	...
Gonorrhœa only... ..	...	...	...	...	115	41	...	...	115	41
Syphilis and soft chancre ... ..	...	...	...	...	...	...	...	...	...	...
Syphilis and gonorrhœa	3	3	...	...	3	3	...	...	6	6
Gonorrhœa and soft chancre ... ..	...	...	...	...	...	...	...	...	...	...
Syphilis, soft chancre and gonorrhœa ... ..	...	...	...	...	...	...	...	...	...	...
Conditions other than venereal ... ..	...	...	...	...	...	...	128	76	128	76
TOTAL—Item 2	82	59	1	...	118	44	128	76	329	179
TOTAL—Items 1 and 2	176	186	1	1	164	90	130	87	471	364
Number of persons who ceased to attend :—										
(a) before completing the first course of treatment for... ..	1	2	...	...	10	1	...	...	11	3
(b) after one or more courses but before completion of treatment for	8	3	...	...	...	...	...	...	8	3
(c) after completion of treatment, but before final tests as to cure of	6	13	...	...	6	2	...	...	12	15
Number of persons transferred to other Treatment Centres after treatment for	10	15	...	...	10	3	...	...	20	18
Number of persons discharged after completion of treatment and observation for	68	71	...	...	106	50	...	...	174	121
Number of persons who, on the 1st January, 1925, were under treatment or observation for	83	82	1	1	32	34	4	8	120	125
TOTAL—Items 3, 4, 5, and 6	176	186	1	1	164	90	4	8	345	285
Out-patient attendances :—										
(a) For individual attention by the Medical Officer	1973	1992	12	34	1648	1343	387	229	4020	3598
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	603	454	30	17	3814	2494	53	8	4500	2973
Total attendances	2576	2446	42	51	5462	3837	440	237	8520	6571
Aggregate number of “In-patient days” of treatment given to persons who were suffering from	155	264	19	...	74	49	...	...	248	313

TABLE XXXVIII.—*Continued.*
Examination of Pathological Material.

	For detection of			For Wasserman Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	4	610	108	658

STATEMENT showing the services rendered at the Treatment Centre during the year 1925, classified according to the areas in which the patients resided.

	Wolverhampton.	Staffs.	Salop.	Walsall.	Dudley.	Birmingham.	Other Authorities.	TOTAL.
A. Number of persons from each area dealt with during the year <i>for the first time</i> and found to be suffering from :—								
Syphilis	60	70	4	1	2	2	2	141
Soft chancre	1	...	...	...	...	...	...	1
Gonorrhœa	85	65	4	2	2	3	1	162
Conditions other than venereal	85	104	7	2	...	4	2	204
TOTAL	231	239	15	5	4	9	5	508
B. Total number of attendances of all patients residing in each area	7041	5870	1287	148	37	614	94	15,091
C. Aggregate number of "In-patient days" of all patients residing in each area	89	439	33	...	...	...	...	561
D. Number of doses of Arsenobenzol Compounds given in the :—	543	605	79	4	9	39	...	1279
1. Out-patient Clinic								
2. In - patient Dept. to patients residing in each area.	5	20	2	...	...	...	...	27
E. Number of doses of Luatol Compounds given in the :—	238	273	31	9	...	4	10	565
1. Out-patient Clinic								
2. In - patient Dept. to patients residing in each area.	...	27	...	...	...	...	...	27

(Signed),

GEORGE MITCHELL, M.D.,

Medical Officer of the Treatment Centre

January 30th, 1925.

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